

FILED NOV 16 1950

STANDARD CERTIFICATE OF DEATH

36071
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>49 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>200 Lincoln Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Lincoln</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Carlson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 26 1885</u>		9. AGE (In years last birthday) <u>65</u> Months <u>3</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry James</u>		13b. MOTHER'S MAIDEN NAME <u>Barrie Kusby</u>		14. NAME OF HUSBAND OR WIFE <u>Antone (Tony) Carlson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lowell Kelley - Monett Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				INTERVAL BETWEEN ONSET AND DEATH <u>10-7-1950</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-7-</u> , 19 <u>50</u> , to <u>10-11-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-11-</u> , 19 <u>50</u> , and that death occurred at <u>340</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. West</u>		(Degree or title) <u>12</u>		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>10-11-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale (Westbury)</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-13-50</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home Monett</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 9 1950

1150-2233

11-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Roy H. Mercer Jr.

Licensed Embalmer No. *4432*

P. O. Address *Monett, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.